

Leader Tool and Guide for Identifying Soldier At-Risk Behavior

Rank/Name/Age of Soldier _____ DATE _____
 Rank/Name/Age of Battle Buddy _____
 Rank/Name of First Line Supervisor _____

Question	Yes	No	Action	Date Of Action
FINANCIAL PROBLEMS				
1. Is the Soldier currently having financial difficulties or trouble paying bills?			Refer Soldier first to unit command financial advisor or unit PAC and if necessary refer to Army Community Service Financial Readiness Program.	
2. Has the Soldier had a "no-pay due" or been reduced in grade within the last 3 months?			Determine the reason and assess the impact to the Soldier; refer to unit command financial advisor; 1SG and Co Cdr must ensure timely fix.	
ALCOHOL AND OTHER DRUG RELATED ISSUES				
3. Has the Soldier been involved in an alcohol, drug incident or enrolled in ASAP within the last 6 months?			Monitor Soldier's progress while enrolled in the program; discuss positive aspects of the Soldiers program involvement during counseling. Contact the ASAP program coordinator and request a DAMIS background check be completed on the Soldier for prior alcohol and drug issues.	
4. Do you feel the Soldier is using prescription or non-prescription medication or alcohol to handle work related stress and personal situations?			1st and 2d Line Supervisors monitor the Soldier's behavior and if required recommend to the Commander/1SG a command referral to Community Mental Health.	
SUICIDAL THOUGHTS/GESTURES, OTHER STRESSORS/INDICATORS				
5. Has the Soldier expressed serious concern (agitation, withdrawal, grief) regarding events with other individuals or the unit chain of command?			Determine the nature of the incident and determine if there are any patterns. Talk to the Soldier's "battle buddy" to confirm problem exists; Discuss with Soldier during monthly counseling and recommend the Soldier talk to the unit chaplain.	
6. Has the Soldier been referred to Community Mental Health Services in the past 12 months? (more than a one-time visit)			1st and 2d Line Supervisors monitor the Soldier's behavior and if required recommend to the Commander/1SG a command referral to Community Mental Health.	
7. Has the Soldier expressed excessive anger or seemed sullen and/or withdrawn within the past 3 months?			Monitor behavior and discuss concerns with Soldier; recommend command referral to Community Mental Health or Chaplain if behavior does not improve within one counseling period.	
8. Is the Soldier having problems with anxiety, memory or thoughts of combat?			Discuss concerns with Soldier during counseling; 1st and 2d Line Supervisors monitor the Soldier's behavior and if required recommend to the Commander/1SG a command referral to Community Mental Health.	
9. Is the Soldier currently expressing suicidal thoughts or actions?			Immediately transport to Community Mental Health or the IACH Emergency Room. <u>Do not leave the Soldier alone.</u>	
10. Has the Soldier arrived at Ft. Riley within the last 3 months? (are they under the age of 21, having issues with housing etc)			Ensure reception/integration is completed, counsel Soldier on command policies.	
DOMESTIC ISSUES				
11. Has the Soldier experienced a break-up in marriage/relationship in the past 12 months or suffered the loss of a significant other?			1st and 2d Line Supervisors evaluate the Soldier's behavior to determine the toll it is taking both personally and professionally. If no improvement recommend they visit the Chaplain for further assistance.	
12. Has the Soldier been involved in any incidents of domestic violence within the last 12 months?			Review domestic violence policies with Soldier. If convicted of an offense, will be assigned to a TDA position where there is no access to firearms.	
13. Are you aware if the spouse, Family member, or others expressed concern to the unit concerning the Soldier's behavior?			1st and 2d Line Supervisors must communicate with the Soldier to ascertain within their best judgment whether to recommend to the Commander/1SG a command referral to Community Mental Health or Unit Chaplain	
MEDICAL ISSUES				
14. Has Soldier/Family member been involved in a serious accident, suffered a wound in combat, or become seriously ill in the last 6 months?			Assess how well Soldier is coping and refer to unit chaplain (gatekeeper) if Soldier shows any signs of difficulties in coping.	
15. Do you know if the Soldier is taking any medications that may affect behavior/mood or ability to drive?			Stress to the Soldier the importance of following the health care provider's instructions and the importance of reading and adhering to medication warnings/ instructions; pay particular attention to warnings about mixing with alcohol.	
ACCIDENTS/POV/POW/HIGH RISK ACTIVITIES				
16. Does the Soldier engage in off-duty activities such as using a motorcycle/ ATV/ MOPED/ jet ski or boat or hunting, rock climbing, ski diving, etc			Ensure Soldier has completed mandatory training and adheres to Army and Fort Riley safety policies. Order Soldier not to operate vehicle(s) (except during approved training) until properly licensed and registered. Ensure 1 st Line Supervisor discusses off-duty high-risk behavior with Soldier prior to conducting planned activities.	

Question	Yes	No	Action	Date Of Action
17. Has the Soldier received a traffic citation or been found "at fault" in a traffic accident in the past 3 months?			Discuss the nature of the accident and contributing factors. Counsel the Soldier on the importance of following procedures/developing good habits. Enroll Soldier in Fort Riley Remedial Driver's Program if Soldier commits multiple traffic offenses or ticketed for a DUI.	
18. Does the Soldier exhibit reckless behavior or takes shortcuts (not following instructions or procedures) that could lead to an accident?			Determine the nature and extent of any reckless behavior. Counsel the Soldier on the importance of following procedures and developing good habits. Develop and oversee a risk mitigation strategy with Soldier.	
19. Have you observed the Soldier driving/riding in a vehicle not wearing a seatbelt or in/on a recreational vehicle or motorcycle without the proper personal protective equipment?			Counsel the Soldier in writing on local State Laws, Army regulations and Fort Riley Command Policies on seatbelt use and use of personal protective equipment. If behavior continues, take administrative action to establish there is a consequence for the undesirable behavior.	
20. Does the Soldier own a Privately Owned Weapon (POW)?			Ensure Soldier has registered the POW (s) with State purchased from and the Fort Riley Provost Marshall. Counsel the Soldier on the importance of proper firearm's handling/storage. Discuss the Unit's Policy for storage of POW.	
DUTY PERFORMANCE/CAREER/LEGAL				
21. Has the Soldier been AWOL in the last 12 months?			Educate Soldier on opportunities in the Army, reenlistment incentives, and benefits of honorable discharges.	
22. Has the Soldier's promotion or reenlistment been denied?			Counsel Soldier on performance and develop a plan of action IAW with established goals. Work with Soldier to achieve their goals.	
23. Have you counseled the Soldier for poor performance or disciplinary act in the last 3 months?			Monitor Soldier's duty performance for recurrence; provide Soldier with feedback on performance (positive as well as negative).	
24. Has the Soldier failed to meet any military requirement/standard (e.g. PT, weight control, weapons qualification etc)?			Develop and implement a plan of action to meet the requirement/standard. Monitor the Soldier's progress. Determine how well Soldier is coping and refer to unit chaplain (gatekeeper) if required.	
25. Has the Soldier or a Family member been involved in an incident with law enforcement officials during the last 6 months?			Determine the nature of the involvement and disposition of the case. Refer to unit chaplain for counseling and if determined needed command referral to Social Work Services is appropriate.	
26. Is the Soldier under the age of 21?			Counsel Soldier on legal drinking age and command policies on underage drinking. Provide the unit's BOSS representatives contact information to the Soldier.	

The Battalion Commander will review all Leader Tool and Guide for Identifying Soldier At-Risk Behavior of "Extremely High".

Well-Being Rating

Risk Level Assumption	#YES Answers	Review Level
Squad	0 to 3	Squad Leader / Section Sergeant
Platoon	4 to 6	Platoon Leader or Platoon Sergeant
Company	7 to 9	Commander or First Sergeant
Battalion	10 OR HIGHER	Battalion Commander

Subjective Leader Assessment: Concur with Well-Being Rating: Yes No

Commander's Guidance:

Squad Leader/Section Sergeant Signature/Date

Platoon Leader or Platoon Sergeant Signature/Date